

<i>SERFF Tracking Number:</i>	<i>ALSX-125431536</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Allstate Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>BF1425/BF1426</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>2007 - Business Auto Enhancement Endorsement/BF1425/BF1426</i>		

Filing at a Glance

Companies: Allstate Insurance Company, Allstate Indemnity Company

Product Name: Commercial Automobile	SERFF Tr Num: ALSX-125431536	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: BF1425/BF1426	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI AllState	Disposition Date: 01/16/2008
	Date Submitted: 01/14/2008	Disposition Status: Approved
Effective Date Requested (New): 06/16/2008		Effective Date (New): 06/16/2008
Effective Date Requested (Renewal): 08/22/2008		Effective Date (Renewal): 08/22/2008

State Filing Description:

General Information

Project Name: 2007 - Business Auto Enhancement Endorsement	Status of Filing in Domicile:
Project Number: BF1425/BF1426	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/16/2008	
State Status Changed: 01/16/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Type of filing: Form	

Description of filing:

We are filing Business Auto Enhancement Endorsement, BU 5868, ed. 03 08 for use with Allstate Insurance Company and Allstate Indemnity Company.

<i>SERFF Tracking Number:</i>	<i>ALSX-125431536</i>	<i>State:</i>	<i>Arkansas</i>
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Our intent with this filing is to expand the coverage offering we currently provide under our Business Auto Policy, without any specific additional premium charge to the policyholder.

Currently, the basic coverage we provide under our Business Auto Policy is contained in the Insurance Services Office (ISO) form CA 00 01, and mandatory company endorsements. With this filing, we will be withdrawing company endorsements, incorporating their features into the Business Auto Enhancement Endorsement, and providing additional expansions of coverage (see Exhibit 1).

Effective date:

New business written: June 16, 2008

Renewals effective: August 22, 2008

Company and Contact

Filing Contact Information

Kelly Urban, State Filings Analyst
2775 Sanders Road
Northbrook, IL 60062

kurban@allstate.com
(847) 402-0157 [Phone]
(847) 402-9757[FAX]

Filing Company Information

Allstate Insurance Company
2775 Sanders Road

CoCode: 19232
Group Code: 8

State of Domicile: Illinois
Company Type: Property and
Casualty

Suite A5
Northbrook, IL 60062
(847) 402-5000 ext. [Phone]

Group Name: Allstate
FEIN Number: 36-0719665

State ID Number:

Allstate Indemnity Company
2775 Sanders Road
Suite A5
Northbrook, IL 60062
(847) 402-5000 ext. [Phone]

CoCode: 19240
Group Code: 8

Group Name: Allstate
FEIN Number: 36-6115679

State of Domicile: Illinois
Company Type:

State ID Number:

SERFF Tracking Number:	ALSX-125431536	State:	Arkansas
First Filing Company:	Allstate Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	BF1425/BF1426		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Automobile		
Project Name/Number:	2007 - Business Auto Enhancement Endorsement/BF1425/BF1426		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$50.00	01/14/2008	17478522

<i>SERFF Tracking Number:</i>	<i>ALSX-125431536</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>2007 - Business Auto Enhancement Endorsement/BF1425/BF1426</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/16/2008	01/16/2008

<i>SERFF Tracking Number:</i>	<i>ALSX-125431536</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>2007 - Business Auto Enhancement Endorsement/BF1425/BF1426</i>		

Disposition

Disposition Date: 01/16/2008
Effective Date (New): 06/16/2008
Effective Date (Renewal): 08/22/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings	
Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Exhibit 1	Approved	Yes
Form	Business Auto Enhancement Endorsement Arkansas	Approved	Yes

SERFF Tracking Number:	ALSX-125431536	State:	Arkansas
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TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Business Auto Enhancement Endorsement Arkansas	BU 5868	03 08	Endorsement/Amendment/Conditions	New	0.00	BU 5868.PDF

BUSINESS AUTO ENHANCEMENT ENDORSEMENT ARKANSAS

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Coverage provided under this policy is modified by the attachment of this endorsement. If there is any conflict in coverage provisions between this form and any state specific endorsement also attached to this policy, the provision(s) of the state specific form shall apply.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

In **SECTION I – COVERED AUTOS**, the following changes are made:

The following is added:

D. Physical Damage Coverage for Temporary Substitute and Leased Autos

If Physical Damage Coverage is provided by this policy, the following kinds of “autos” are covered “autos” for the same coverages provided by the policy:

1. Any "auto" you do not own while used with the permission of the owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. "Loss"; or
 - e. Destruction
2. Private passenger “autos” and other than private passenger vehicles with gross vehicle weight of 10,000 lbs. or less, leased, hired, rented, or borrowed for a period of 30 days or less. This does not include any vehicle you lease, hire, rent, or borrow from any of your “employees” or partners or members of their households.

In **SECTION II – LIABILITY COVERAGE**, the following changes are made;

Under **A. Coverage, Who Is An Insured**, the following is added:

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- d. Any organization, other than a partnership or joint venture, over which you maintain ownership or in which you hold a majority interest. This provision applies only if there is no similar insurance provided to that organization.
- e. Any organization you acquire or form after policy inception, other than a partnership or joint venture, over which you maintain ownership, or in which you hold a majority interest. Coverage under this provision does not apply;
 - (1) If there is similar insurance provided to that organization; or
 - (2) To “bodily injury” or “property damage” that occurred before you acquired or formed the organization.
- f. Any person or organization that you are required to name as an additional insured under the terms of a written job contract, or by written insurance requirements executed prior to any covered “loss” or claim. This protection applies only if the person or organization is liable for the conduct of an “insured” and only to the extent of that liability.

Under **A. Coverage, Coverage Extensions, Supplementary Payments**, subparagraphs (2) and (4) are replaced with the following:

- (2) Up to \$5,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an “accident” we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the “insured” at our request, including loss of earnings up \$500 a day because of time off from work.

Under **B. Exclusions, Fellow Employee**, the following paragraph is added:

But this exclusion does not apply to “bodily injury” to a fellow “employee” caused by any person whose position within the insured organization is at or above the level of manager or supervisor.

Coverage afforded by this provision is excess over any other collectible insurance.

In **SECTION III – PHYSICAL DAMAGE COVERAGE**, the following changes are made:

Under **A. Coverage, Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles**, the following is added:

If damage to glass is repaired in lieu of being replaced, no deductible will apply for repair only.

Under **A. Coverage, Coverage Extensions**, the following is added:

c. Personal Effects Coverage

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In the event of a total theft of your covered "auto", for which you carry either Comprehensive or Specified Causes of Loss coverage, we will pay up to \$500 for the personal effects which are:

1. owned by you; and
2. in your covered "auto" at the time of the total theft of such "auto"

No deductible applies to Personal Effects Coverage

Under **A. Coverage**, the following is added:

5. Lease and Loan Gap Coverage

In the event of a total "loss" to a covered "auto" shown in the Schedule or Declarations for which a specific premium charge indicates that physical damage coverage applies, we will pay any unpaid amount due on the lease or loan for a covered "auto", less:

- a. The amount paid under the Physical Damage Coverage section of the policy; and
- b. Any:
 - (1) Overdue lease/loan payments at the time of the "loss";
 - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage.
 - (3) Security deposits not returned by the lessor;
 - (4) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
 - (5) Carry-over balances from previous loans or leases.

Under **D. Deductible**, the following paragraph is added:

When Collision Coverage is provided by this policy, the deductible amount will not be subtracted from the loss payment in collisions involving your covered "auto" and another auto covered by Allstate Insurance Company or any of its affiliates .

In **SECTION IV – BUSINESS AUTO CONDITIONS**, the following changes are made:

Under **A. Loss Conditions, Duties In The Event Of Accident, Claim, Suit Or Loss Condition**, the following is added under subpart a:

Knowledge of an "accident" or "loss" by any of your agents, servants or "employees" shall not in itself constitute knowledge by you, unless you or one of your corporate officers or managers, or any assignee, shall have received such notice from the agent, servant or "employee".

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When you report an occurrence of any “accident” or “loss” to a Worker’s Compensation carrier or self insured plan providing the named insured's Worker’s Compensation insurance which later develops into a claim submitted under this policy, failure to report such “accident” or “loss” to us at the same time shall not be deemed a violation of this condition. After you become aware of such liability claim arising from the “accident” or “loss”, you must give us prompt notice .

Under **A. Loss Conditions, Transfer of Rights of Recovery Against Others To Us** the following is added:

We waive any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of work you perform under a contract with such person or organization, in which you have agreed to waive your right of such recovery

Under **B. General Conditions, Concealment, Misrepresentation Or Fraud**, the following is added:

This condition does not apply to any omission or failure to provide material facts if the omission or failure was unintentional.

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<i>Company Tracking Number:</i>	<i>BF1425/BF1426</i>		
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<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>2007 - Business Auto Enhancement Endorsement/BF1425/BF1426</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALSX-125431536	State:	Arkansas
First Filing Company:	Allstate Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	BF1425/BF1426		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Automobile		
Project Name/Number:	2007 - Business Auto Enhancement Endorsement/BF1425/BF1426		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/16/2008
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Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

Satisfied -Name:	Exhibit 1	Review Status:	Approved	01/16/2008
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Comments:

Exhibit 1

Attachment:

Exhibit 1.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #
	Allstate	008

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Allstate Insurance Company	IL	19232	36-0719665	
	Allstate Indemnity Company	IL	19240	36-6115679	

5. Company Tracking Number	BF1425/BF1426
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Kelly Urban 2775 Sanders Road, Suite A5 Northbrook IL 60062	State Filings Analyst	800-366-2958 Ext. 20157	847-402-9757	kurban@allstate.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Kelly Urban

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	20.0 Commercial Auto
10.	Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 6-16-2008 Renewal: 8-22-2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	
18.	Company's Date of Filing	1-14-2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	BF1425/BF1426
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Type of filing: Form

Description of filing:

We are filing Business Auto Enhancement Endorsement, BU 5868, ed. 03 08 for use with Allstate Insurance Company and Allstate Indemnity Company.

Our intent with this filing is to expand the coverage offering we currently provide under our Business Auto Policy, without any specific additional premium charge to the policyholder.

Currently, the basic coverage we provide under our Business Auto Policy is contained in the Insurance Services Office (ISO) form CA 00 01, and mandatory company endorsements. With this filing, we will be withdrawing company endorsements, incorporating their features into the Business Auto Enhancement Endorsement, and providing additional expansions of coverage (see Exhibit 1).

Effective date:

New business written: June 16, 2008

Renewals effective: August 22, 2008

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: EFT Amount: \$50 </div> <div style="text-align: center; margin-top: 100px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	BF1425/BF1426
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	BR5085/BR5086
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Business Auto Enhancement Endorsement Arkansas	BU 5868 03 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Collision Coverage – Waiver of Deductible	BU 1109 05 90	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
03	Physical Damage Coverage Amendment	BU11100 05 90	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
04	Amendment of the Fellow Employee Exclusion	BU 1124 01 97	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
05	Lease and Loan Gap Coverage	BU 1128 02 97	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Exhibit 1
Expansion of Coverage from ISO CA 0001
Arkansas

Policy Section	Coverage Expansion
Section I – Covered Autos	Provides Physical Damage coverage for vehicles used as temporary substitute vehicles. Also provides hired physical damage for PPTs rented for 30 days or less.
Section II – Liability Coverage – Who Is an Insured	<p>Adds subsidiary and newly acquired organizations as insureds for Liability Coverage.</p> <p>Includes as an insured any person or organization the named insured is required to protect, for their liability arising out of operations performed by the named insured.</p>
Supplementary Payments under Liability Coverage	Increases bail bond provision to \$5,000 and insured's expenses associated with loss adjustment to \$500 per day.
Fellow Employee Exclusion under Liability Coverage	Revises fellow employee exclusion so that it only applies to persons causing accidents who occupy positions below the level of manager / supervisor.
Section III Physical Damage Coverage Glass Repair Deductible Waiver	If glass damage is repaired rather than replaced, no deductible applies.
Personal Effects Coverage under Physical Damage Coverage	Pays for up to \$500 for loss of personal effects inside the vehicle in the event of a total theft of the vehicle.
Lease and Loan Gap Coverage under Physical Damage Coverage	In event of total loss of vehicle, covers the difference between the loss settlement value of the vehicle and what is still owed by the insured on a loan or lease for that vehicle.
Collision Coverage	The Collision deductible is waived if the accident involves another vehicle insured by Allstate.
Loss Conditions -- Knowledge or Notice of an Accident or Loss	For adherence to policy condition on Duties in Event of Loss, Insured has knowledge of an accident when it is received at the level of manager or above.
Loss Conditions -- Blanket Waiver of Subrogation	Subrogation is waived against any entity for whom the insured has agreed by the terms of a written contract to waive such recovery.
General Conditions -- Unintentional Errors or Omissions	Unintentional errors by the insured in providing insurer with information in the settlement of the claim shall not adversely impact claim settlement.